

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		02/15/00
O.I.P.E. CLASSIFIER		16	3100
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	59222	3-87-00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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# Index of Claims



Application No.

09/498,701

Examiner

Rita J. Desai

Applicant(s)

TROST ET AL.

Art Unit

1625

✓	Rejected
=	Allowed

—	(Through numeral) Cancelled
÷	Restricted

N	Non-Elected
I	Interference

A	Appeal
O	Objected

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